The Zambia HIV/AIDS Project

A Case Study of Participatory Design

Prepared by:
Patricia L. Hanscom, Social Impact

Prepared for

HIV/AIDS Division
Office of Health and Nutrition
Center for Population, Health and Nutrition
Bureau for Global Programs, Field Support, and Research
U.S. Agency for International Development

December 1996

Health Technical Services Project

This case study was prepared under the auspices of the HIV/AIDS Division
of the U.S. Agency for International Development (USAID).

The report was written and revised by the Health Technical Services (HTS) of TvT Associates and The Pragma Corporation, Project (Project No. 936.5974.10, Contract No. HRN-5974-C-00-3001-00). The opinions expressed herein are those of the authors and do not necessarily reflect the views of TvT, Pragma, or USAID.

Information about this and other HTS publications may be obtained from:

Health Technical Services (HTS) Project
1601 North Kent Street, Suite 1104
Arlington, VA 22209 2105
(703) 516-9166 phone
(703) 516-9188 fax
http://www.htsproject.com
hts@htsproject.com

Abstract

In June 1996, the U.S. Agency for International Development Mission in Zambia (USAID/Z) undertook to design a second five-year phase of its HIV/AIDS prevention and control program for Zambia. The Mission decided to use a combination of innovative and powerful planning tools, including USAID's Universal Framework of Objectives (UFO), which attempts to describe a wide range of possible HIV/AIDS interventions, as well as people-centered planning methods that directly involved relevant stakeholders.

The design process was successful in producing a responsive, high-quality project design that fits within the framework of the Zambian National HIV/AIDS Strategic Plan and the Zambian Health Reform Process. The process also generated strong participation and commitment among the participants and created a more favorable perception of USAID. The process was cost-effective and efficient, and it resulted in a $25 million project that was readily approved by both USAID and the Zambian MOH. This project design process is an excellent model that can be adapted for a variety of planning situations for USAID and other development agencies.

Contents

List of Tables and Figures

Executive Summary

In June 1996, the U.S. Agency for International Development Mission in Zambia (USAID/Z) undertook to design a second five-year phase of its HIV/AIDS prevention and control program for Zambia. The Mission decided to use a combination of innovative and powerful planning tools and approaches designed to produce the most responsive and appropriate project design. One tool was the recently developed USAID Universal Framework of Objectives (UFO), which attempts to describe a wide range of possible HIV/AIDS interventions in the broader context of the epidemic. The other approach was a unique blend of people-centered planning methods that directly involved relevant stakeholders in analyzing the problem and in designing the project.

The Zambia HIV/AIDS project design process suggests major and important ways by which USAID can transform its traditional ways of doing business in order to fulfill its mission more efficiently and effectively. Over a period of four weeks, the six-member core design team and two outside facilitators worked with about 150 stakeholders to collaboratively design a high-quality, responsive HIV/AIDS program that was approved by the U.S. and Zambian governments within weeks.

The process followed several carefully constructed, iterative steps:

Stakeholder interviews with more than 30 people including representatives of the Ministry of Health (MOH), donors, local and international nongovernmental organizations (NGOs), churches, medical institutions, traditional healers, and others to prepare the environment for the participatory planning process and to develop initial plans for involving stakeholders in the process.

A design team orientation and team-building session, to orient the team to key stakeholder and design issues and to begin building team relationships.

Analysis of the Universal Framework of Objectives in the Zambian context to identify opportunities and/or gaps in the existing Zambian National HIV/AIDS Strategic Plan and to provide an organizing framework for the team's thinking on design issues.

Field visits to get a firsthand view of what was and wasn't working as far as HIV/AIDS interventions.

Focus group discussions with two groups of stakeholders that were identified as being particularly rich in information,

considered vital to the design process (donors), and as having special needs (people living with HIV/AIDS) in order to collect deep, rich data quickly and cost-effectively.

A Stakeholder Strategic Planning Workshop with more than 50 participants to establish consensus on the AIDS situation in Zambia, to identify critical gaps and opportunities for HIV/AIDS interventions, and to outline preliminary objectives and activities for the USAID Zambia HIV/AIDS prevention project.

A Synthesis Planning Workshop with more than 50 participants to review and refine the initial project design with stakeholders, collaboratively identify implementing mechanisms, set indicators for tracking project performance, and plan strategies to minimize risks.

The tools and techniques used in each of these steps were designed to foster an atmosphere of openness, transparency, empowerment, involvement, partnership, learning, and consensus-building. The variety of techniques helped to keep participants active, engaged, and focused during a very intense several weeks.

Representatives of a broad range of stakeholder groups were involved in the design process, which was a key factor behind the high quality of the final project design. More than 150 stakeholders participated in the process, including people living with HIV/AIDS; government officials; members of the medical community, including traditional healers; church groups; local and international NGO representatives; staff members of implementing and technical assistance agencies; and bilateral and multilateral donors.

The participatory planning methods used to design the USAID HIV/AIDS project for Zambia resulted in a $25 million project design that was described by planning participants as being:

of very high quality

extremely responsive to stakeholder needs

complementary to the Zambian National HIV/AIDS Strategic Plan and the national Health Reform Process

well-adapted to local conditions and therefore efficient in using local resources

critical in building stakeholders' commitment to the project design and implementation

responsible for creating a more favorable impression of USAID.

Here are some of the stakeholders' comments, made at the end of the process:

This process was the first of its kind in Zambia. There's always been much talk about involving people living with

HIV/AIDS in program design, but is has always been jaw-jaw and no action.

Person Living with HIV/AIDS

The fact that we have been involved from the beginning of the program makes us feel as equal partners in making the program a success.

Local NGO representative

This is the better way of designing. It is what we've been asking for in terms of partnership. The project design responds to our National Strategic Plan and fits well within our Health Reform Process.

Senior MOH official

This case study analyzes the participatory or collaborative approach used by USAID to design the Zambia HIV/AIDS project in order to generate lessons learned for improving USAID's project design processes and offer an effective model that can be modified to fit various opportunities and constraints for project planning within USAID. A follow-on USAID publication will offer practical steps for utilizing participatory planning methodologies.

This report outlines the steps in the HIV/AIDS project design process and identifies the factors contributing to its success in accomplishing its main objectives: to design a responsive, high-quality project that fits within the framework of the Zambian National HIV/AIDS Strategic Plan and the national Health Reform Process. These factors included:

- a supportive environment, including a USAID Mission that was experienced in the participatory design process, committed and talented MOH officials who had a solid HIV/AIDS strategy in place, and a spirit of cooperation among donors and other organizations
- stakeholder involvement
- application of simple participatory planning techniques
- flexible application of the UFO
- a well-rounded design team with good leadership, technical, and group-process skills
- use of facilitators who gained the trust of the participants.

LESSONS LEARNED AND RECOMMENDATIONS

The design process for the Zambia HIV/AIDS project provided numerous lessons, general and specific. Among the general lessons, applicable to a broad range of USAID projects, are the following:

The participatory design process used in Zambia is effective in producing a high-quality project that generates a high level of commitment among stakeholders. This participatory planning process should be used much more widely by USAID.

To ensure the best environment for the design process, the Mission should begin the initial planning process early, even several months in advance. Planning activities should include identification of design team members and stakeholders, broad planning discussions with the MOH, and initial scheduling.

The composition of the design team is critical to the success of the project design, and it may take several months to build the best team. The ideal team has a good mix of people with strong group, technical, and process skills. It is highly preferable for all team members to stay in-country throughout the process and for at least one full-time team member to be part of the Mission staff and for another member to be a national of the country.

The success of the design process is largely dependent on getting key stakeholders to buy in, including the MOH and the project's beneficiaries. Their support and trust should be actively cultivated during the interview, preparatory, and planning stages.

Enough time must be allotted for drafting the project design document. In a country the size of Zambia that has a relatively solid infrastructure, the process should be expected to take three to six weeks. In larger countries where conditions are less ideal, the process could take considerably longer.

The participatory process increases stakeholders' commitment to the success of the project and raises their expectations for continued involvement. It is very important to involve stakeholders in subsequent stages of the project, such as the project launch, implementation, and monitoring and evaluation. There are a variety of ways to foster and facilitate involvement by stakeholders, and these should be used by USAID.

1. Introduction

> The design process used by USAID is exactly what we've been asking for in terms of working as partners. It is the better way of designing projects and programs. The process minimizes misunderstanding, creates responsive programs, builds commitment, and makes it more likely we'll achieve our common goals.
>
> Director of the Zambian National AIDS Control Program

In June 1996, the U.S. Agency for International Development Mission in Zambia (USAID/Zambia) undertook to design a second five-year phase of its HIV/AIDS prevention and control program for Zambia. USAID/Z sought to produce the most responsive and appropriate project design and decided to use a combination of innovative and powerful planning tools and approaches. The first was the USAID Universal Framework of Objectives (UFO), which attempts to describe a wide range of possible HIV/AIDS interventions in the broader context of the epidemic. The second was a unique blend of people-centered planning methods that directly involved relevant stakeholders in the Zambian HIV/AIDS crisis in analyzing the AIDS problem and in designing the project. The process yielded a $25 million project design approved by the U.S. and Zambian governments within a month. The project has been described by some of the approximately 150 people who participated in the design process as being:

- of high quality
- extremely responsive to the issues identified by the stakeholders
- complementary to the Zambian National HIV/AIDS Strategic Plan and the national Health Reform Process
- well-adapted to local conditions and therefore efficient in using local resources.

In addition, the stakeholders already have made a strong commitment to the project, and the design process and the project it produced have been instrumental in building a more favorable perception of USAID.

This case study describes and analyzes the use of participatory planning tools and approaches in the Zambian HIV/AIDS project design, including the results of the process and the lessons

learned. This process was designed by Social Impact.[1] This model is instructive for USAID Missions worldwide that are engaged in project and program design.

2. THE HIV/AIDS EPIDEMIC IN ZAMBIA

AIDS represents the most serious crisis facing sub-Saharan Africa since independence in the early 1960s. Africa has 10% of the global population yet accounts for 63% of the cumulative HIV infections and 60% of AIDS cases. In Zambia, as elsewhere in the region, the HIV/AIDS pandemic has had serious negative consequences for individual health and community welfare, for the health sector, and for agriculture, mining, manufacturing, services, and other productive sectors of the economy (see Figure 1). As result, HIV/AIDS now threatens to cause societal and political instability.

FIGURE 1. THE HIV/AIDS EPIDEMIC IN ZAMBIA*

Between 800,000 and 1 million people are HIV-positive.

There are currently 80,000 to 90,000 new AIDS cases each year.

Over 150,000 new AIDS cases are expected each year by 2000.

About 25% of adults in urban areas and 13% in rural areas are HIV-positive.

The majority of AIDS deaths occur among those aged 20-44 years.

The mortality rate of children under age 5 is over 27%, with pediatric AIDS accounting for 60-90 deaths per 1,000 live births.

By 2000, as a result of AIDS, there will be 600,000 orphans; 40% of households will have one or more orphans in their care; and 16% of households will be headed by widows.

*estimates for 1996

3. THE ZAMBIAN GOVERNMENT'S RESPONSE

Zambia was one of the first countries in Africa to recognize and respond to the threat of AIDS. In 1993 the Ministry of Health (MOH) initiated a multi-sectoral response, which was embodied in a National HIV/AIDS Strategic Plan for 1994 1998 (see Figure 2). The plan fits within the context of an overall Health Reform Process occurring in Zambia a progressive and largely successful effort to decentralize health care to the district level.

FIGURE 2. ZAMBIAN NATIONAL HIV/AIDS STRATEGIC PLAN

Identifies priorities for reducing transmission of HIV and sexually transmitted diseases (STDs), reducing the socioeconomic impact of HIV, and mobilizing local and external resources

Includes policy guidelines for reducing the impact of AIDS on individuals, families, and communities

Lists impact/effectiveness indicators and targets for prevention and control of HIV/AIDS and STDs

Focuses implementation at the district level.

Is the result of a highly consultative process involving districts and multiple interest groups.

4. USAID'S RESPONSE

Support for the Zambian HIV/AIDS program became a USAID priority in 1992, when USAID authorized a five-year $19.7 million HIV/AIDS prevention and control project. The project sought to reduce the incidence of HIV transmission in target populations by providing technical assistance, training, and commodities (e.g., condoms) to and through the MOH, various nongovernmental organizations (NGOs), and other organizations.

The project was designed using the traditional expert approach, which relied heavily on the design team's own expertise, supplemented by interviews with key people and site visits. According to USAID/Z, the project was not perceived by Zambians to build upon the existing efforts of the Zambian MOH or to be complementary to the priorities of the National HIV/AIDS Strategic Plan. The project was largely viewed to belong to the key implementing agency rather than to the people and was even resented by some.

By early 1996, USAID/Z had decided to start planning for the next five-year phase, which had a preliminary budget of $25 million. The chief of the Mission's Health, Population & Nutrition Unit decided to use a collaborative, participatory design process, similar to one USAID/Z had successfully used a year earlier in designing a child health project. That process had been a collaboration among a broad group of stakeholders, including the MOH and donors. Although there had been some skepticism initially among stakeholders, the process ultimately met with great success.

The planning process involved application of USAID's Universal Framework of Objectives (UFO), which had been developed through a rigorous and intense worldwide effort over the previous two years that involved donors, implementing partners, and individuals and groups affected by HIV/AIDS. The UFO attempts to present the gamut of potential HIV/AIDS interventions and is a potentially powerful tool to help Missions think about the HIV/AIDS epidemic, to explore a range of possible ways to deal with it, and to create new partnerships to have the greatest impact (see Figure 3). The team designing the Zambia HIV/AIDS prevention project was the first to apply the UFO to a country program design.

FIGURE 3. FOUR KEY PURPOSES OF THE UFO

Program planning and development, strategy formulation, and monitoring and evaluation.

Analysis of existing programs and coordination, funding, resource flows.

Stimulating discussion with partners for participatory program planning.

Advocacy for program development and change.

5. THE STAKEHOLDERS

Stakeholders are defined by USAID as individuals who have an interest in the activity under consideration, as contributors, benefactors, or opponents. To produce the most responsive, effective, and sustainable project designs, stakeholder groups must be brought into the design process in a thoughtful and productive way.

In Zambia, a wide range of people and groups were identified as stakeholders in the HIV/AIDS prevention project, and these are listed in Figure 4. Officials within the MOH were identified as particularly important stakeholders because they were intimately acquainted with the Health Reform Process and the National AIDS Strategic Plan. In addition, a number of these officials, including the minister of health, had participated in the highly participatory 1995 child health project design and strongly supported this design approach. Donors were identified as another important stakeholder group partly because of their relatively large presence in Zambia and the need to coordinate with them.

FIGURE 4. STAKEHOLDERS IN THE ZAMBIAN HIV/AIDS PREVENTION PROJECT

People living with or affected by HIV/AIDS

Orphans and widow(er)s

Government officials

The medical community, including traditional healers

Churches

Local and international NGOs

Implementing and technical assistance agencies

Bilateral and multilateral donors

Private businesses.

6.

The Participatory Design Process

USAID/Zambia's decision to employ a collaborative design process reflects its understanding of the value of participatory methodologies. Experience has shown that the use of people-centered methodologies produces projects and programs that:

- are more responsive to the needs of customers and beneficiaries
- have a greater impact on the problem
- use human and financial resources more efficiently
- are more sustainable
- employ local resources more effectively
- achieve greater stakeholder commitment.[1]

Several factors made the use of participatory methodologies appropriate for the Zambian HIV/AIDS prevention project. For example, the chief of the HPN office in USAID/Z was a strong advocate of participatory planning. In 1995 he had introduced participatory planning methods on a large scale to design a $30 million child survival project. That process introduced a wide range of health sector stakeholders, particularly in the MOH, to the participatory planning process and developed a strong sense that USAID was committed to collaborate with stakeholders.

In addition, a number of health-sector stakeholders, particularly MOH officials, were aware of the power of participation. The government Health Reform

---

Process had been highly collaborative, as had the development of the National HIV/AIDS Strategic Plan.

Finally, the large number of stakeholders and the numerous ongoing HIV/AIDS programs (especially among major donor

agencies) made dialogue and cooperation among stakeholders necessary to avoid duplicating or competing with current programs.

USAID/Z helped lay the groundwork for success months before the design process officially began. The HPN chief began to build high-level support for the process among key MOH officials, including the minister of health. USAID/Z began to compile a list of stakeholders, noting in particular which stakeholders had decision-making authority. This enabled the facilitators to interview the right people soon after their arrival. The Mission also alerted the design team to particular political, bureaucratic, and personality issues that could diminish the effectiveness of the process. USAID/Z spent considerable time recruiting a design team that had a broad spectrum of content and process skills. In particular, a former high-level Zambian MOH official with extensive HIV/AIDS experience was brought onto the team.

The project design process was comprised of a set of interlinked phases and events that each had a specific purpose and rationale. Approximately 150 people participated in the process, including six core design team members, two facilitators, a number of people living with HIV/AIDS, representatives from the MOH, bilateral and multilateral donors, international and local NGOs, churches, the medical community (including traditional healers), the media, and other local community members. (See Annex B for a list of participants and Annex C for a list of the design team members.)

The process lasted four weeks and encompassed two broad phases. The preparatory phase included interviews with stakeholders and orientation for members of the design team. The planning phase included an analysis of the UFO in the Zambian context, field visits, focus group discussions, a Stakeholder Strategic Planning Workshop, a Synthesis Planning Workshop, and the writing of the final project proposal. Figure 5 outlines the timeline for the process.

1. THE DESIGN TEAM

The core design team was comprised of six experts: two staffers from USAID headquartered in Washington, one Zambian national working at the United Nations Joint and Co-sponsored Programme on AIDS (UNAIDS), one consultant from the United States, one consultant from Liberia, and one USAID/Z staff member. In addition, a virtual team member based in the United States communicated regularly with the team by e-mail and was responsible for finalizing the basic project design after the team left Zambia. Two professional facilitators were hired to:

- develop a participatory process for design of the project
- facilitate sessions
- build a cooperative team environment
- analyze and develop stakeholder relationships
- help develop a clear and feasible project design to which key stakeholders were committed.

The composition of this team was important to the success of the project design. The team leader was highly experienced in HIV/AIDS work and had strong process skills. Two team members from USAID/W were intimately acquainted with the UFO. Other team members had extensive experience working with HIV/AIDS programs in Africa and/or familiarity with the Zambian health programs. Another team member was a Zambian national and the immediate past director of the Zambian National AIDS Program at the MOH. He was a critical member of the team because of his familiarity with the strengths and weaknesses of Zambian policies and key players and because of his access to and influence with a broad range of stakeholders, particularly within the MOH. The virtual team member had recently left USAID/Z and thus was intimately familiar with Zambia's HIV/AIDS situation and with the players. Finally, the facilitators had extensive experience in participatory project design work in Zambia and had gained the confidence of many of the stakeholders. Figure 6 summarizes characteristics of an effective design team.

FIGURE 6. CHARACTERISTICS OF AN EFFECTIVE DESIGN TEAM

Strong and broad technical knowledge

Strong group process skills, particularly for the team leader

Familiarity with USAID requirements, particularly the Results Framework

Inclusion of host-country nationals

Knowledge of the local environment

Experienced facilitators, preferably with local experience.

2. THE PREPARATORY PHASE

3.Stakeholder Interviews

The stakeholder interviews and analysis were extremely useful and efficient, enabling the team to save several weeks of work.

Design Team Member

The facilitators arrived in Lusaka a week before the design team in order to prepare and to develop initial plans for stakeholder involvement in the process. Over five days, the facilitators identified and interviewed roughly 30 key stakeholders, including government representatives, NGO representatives, donors, and implementing agencies. The facilitators also interviewed the minister of health to secure his endorsement for the process and to ascertain what key issues he wanted to see addressed.

The facilitators presented the results of the stakeholder interviews to the design team upon their arrival, including detailed interview results and a summary of key themes. These data were used throughout the design process to check hypotheses and design interventions.

The stakeholder interviews proved to be a critical step in developing a participation strategy and in launching the participatory process (see Figure 7). It is the most efficient way to get stakeholders to buy in to the process. At least a week is

required for this phase, and more time may be needed if the team is not familiar with the participatory design process. The information collected during the interviews can be made even more useful to the team when it is used to develop a rigorous stakeholder analysis, which the design team can continually cross-check and revise during the design process. A process to allow the design team to follow up with key interviewees would also be helpful.

FIGURE 7. BENEFITS OF STAKEHOLDER INTERVIEWS

Informs stakeholders about the upcoming design process and the collaborative approach

Builds stakeholder support for and involvement in the participatory process

Identifies additional stakeholders to bring into the process

Identifies voiceless or vulnerable stakeholders who may need special attention

Determines key issues and themes to be addressed in the design process

Develops detailed plans, agendas, and strategies for involving stakeholders in the process

Orients the design team to stakeholder themes that are likely to emerge during the design process

Orients participants and establish common ground from which to work.

4.Design Team Orientation

The Team Orientation quickly gave us a solid base to work from and a picture of the facts and the personalities with which we would be dealing for the next several weeks.

Design Team Member

Shortly after the design team arrived, the facilitators conducted a one-and-a-half-day orientation and team-building session. The facilitators led the team through activities to help build team relationships, roles, responsibilities, expectations, and norms of behavior. The facilitators explained the participatory process, presented their interview findings to orient the team to key stakeholder issues/themes, and brought in officials from the USAID/Z and the MOH and key program implementers to brief the team. The facilitators also familiarized the team with a small resource library they had set up to expedite the data collection. Finally, the facilitators made suggestions for field trips and focus groups. (Annex D includes the complete agenda for the orientation and team-building session.)

The value of a thorough orientation for members of the design team cannot be overestimated (see Figure 8). With only a few weeks to produce a major project design, many teams want to hit the ground running and are reluctant to spend time on an orientation. However, despite some initial reservations, the team members found this step extremely helpful and time-saving.

FIGURE 8. BENEFITS OF A TEAM-BUILDING SESSION

- Begins to build team relationships and trust
- Begins to establish roles and responsibilities for the team members
- Establishes working norms
- Familiarizes the team with the collaborative design process
- Orients the team to the issues and overall environment (e.g., the extent of the HIV/AIDS epidemic and the status of the current USAID HIV/AIDS project).

One team member described the session as helpful in orienting the team, clarifying roles and responsibilities, and gaining an appreciation of fellow team members' talents. Another described it as an efficient way of meeting a lot of key people in a short time and getting different pictures from different key players such as

the MOH, USAID/Z, and project implementers. The inclusion of MOH representatives helped the team begin to establish relationships that proved critical to the success of the design. Some team members emphasized the importance of having the facilitators clearly define the roles of the team members and the facilitators.

The team spent the next several days dividing up roles and responsibilities for design work, following up with the facilitators' key interviewees, collecting additional data, and reading background material. The facilitators did not need to manage the team because of its relatively small size, the strong process skills of the team leader, and the cohesive relationships that had been established. However, the facilitators did need to monitor the situation and be prepared to intervene in the event the team dynamics began to break down.

5. THE PLANNING PHASE

6.Applying the Universal Framework of Objectives

> This process gave the team a skeleton or framework to help organize themselves and their thinking and to consider how various interventions corresponded with the state of the epidemic in Zambia.
>
> Design Team Member

The Universal Framework of Objectives (UFO) was completed just days before this project design effort began and therefore had never been applied in a country setting. In discussing the UFO the team members realized its potential as a tool for conducting a broad situation analysis of the HIV/AIDS epidemic and current HIV/AIDS programs in Zambia, including the National HIV/AIDS Strategic Plan. The team followed the four steps outlined in Figure 9 to determine which interventions in the UFO were relevant to Zambia as preparation for the initial Stakeholder Strategic Planning workshop. These steps were repeated in greater detail throughout the design process. The process helped the team to identify gaps and opportunities and highlighted issues for the team to explore in the workshops and to incorporate into the project design.

FIGURE 9. APPLYING THE UNIVERSAL FRAMEWORK OF OBJECTIVES TO PROJECT DESIGN

The Participatory Design Process

1. Review and analyze each intervention in the UFO, particularly the project-level interventions to begin determining the relevance to the Zambian context.

2. Compare the UFO interventions with the national strategy for combating HIV/AIDS to identify areas of overlap.

3. Critically analyze what is missing from the national program.

4. Analyze USAID's comparative advantage where USAID can make the greatest contribution.

Reviewing and analyzing each intervention in the UFO (see Figure 10) gave the team a strong sense of the range of possible means to combat the HIV/AIDS epidemic.

FIGURE 10. THE UNIVERSAL FRAMEWORK OF OBJECTIVES

FIGURE 11. ZAMBIANIZED TREE

Comparing the UFO interventions with the national strategy for combating HIV/AIDS was a tedious and sometimes difficult process that involved matching up the interventions and objectives in the recent Zambian National HIV/AIDS Strategic Plan with those in the UFO. This difficult process was made easier by the fact that the Zambian plan was recent, detailed, and well-reasoned.

After critically analyzing what is missing from the national program, the team created a Zambianized Tree, which in effect became a loose outline of the new project design (see Figure 11).

Next the team analyzed the Zambianized tree to determine which interventions would be best done by USAID. However, the team lacked a clear methodology for determining where USAID could make the greatest contribution, of where USAID's comparative advantage lay. One approach the team used with some success was to critically examine existing USAID projects for possible continuation, revision, expansion, or deletion. A clearer method is needed for determining areas for USAID assistance.

The team did not present the results of this four-step process at the Stakeholder Strategic Planning Workshop in order to avoid giving the impression that the project design was a fait accompli or that the team was not open to input from the stakeholders.

Applying the UFO was a time-consuming and sometimes frustrating process. However, the team found that this exercise broadened their thinking about the universe of possible interventions and provided an organizing framework for the project design (see Figure 12). Some team members commented that the process, particularly creation of the Zambianized Tree, enabled them to thoroughly internalize the Zambian AIDS plan. Moreover, the UFO became an important tool for the Zambians, particularly MOH officials, in validating their programs and showing how these fit into the spectrum of global interventions.

FIGURE 12. USES OF THE UFO FOR PROJECT DESIGN

Identifying opportunities and/or gaps in the national AIDS program to be explored in stakeholder workshops

Performing a quick situation analysis

Providing an organizing framework for the design team's thinking.

7.Conducting Field Visits

The field visits gave us clarity, helped create focus, and ultimately saved us time.

Design Team Member

The team conducted two field visits to districts to examine firsthand what was and wasn't working in HIV/AIDS interventions. The first field visit was to a nearby district to examine how individual health districts prepared their HIV/AIDS plans. The team was accompanied by MOH officials and a representative from the primary implementing agency for the current USAID project. The group met with traditional healers and district health center staff members, among others. The MOH officials and the implementing agency representative had made advance arrangements for the visit and were personally acquainted with many of the people the team met. The team members learned the perspectives of different types of people on the effectiveness of decentralization in dealing with HIV/AIDS.

The second field visit involved only two of the team members. They traveled to the Copper Belt and met with the district AIDS coordinator, two traditional healer groups, women who provided home care and orphan care, and hospital staff members. The team members collected important data. The visit also gave these more remote stakeholders a voice in the design process.

Figure 13 outlines the benefits to the team of the field visits.

FIGURE 13. BENEFITS OF FIELD VISITS

Deepens the team's understanding of design opportunities and constraints

Provides a better understanding of local institutional capacities

Tests the hypotheses generated in the stakeholder workshops

Provides a better understanding of the needs of the project's beneficiaries

Gives additional stakeholders a voice in the process

8.Holding Focus Group Discussions

The focus group provided us an opportunity to candidly share what was and wasn't working and to strengthen our collaboration and partnerships.

Donor Agency

Two focus groups were conducted with stakeholder groups that had been identified as having special needs or being particularly rich in information considered vital to the design process: people living with HIV/AIDS and donor agencies. Each session lasted for one to two hours, was attended by the entire design team, and served two purposes. First, the sessions provided an opportunity for these stakeholders to share their perspectives, concerns, and needs, which they might not have shared in the larger stakeholder workshops. Second, they offered an opportunity for the design team to probe these stakeholders more deeply about design issues.

The donor agency focus group was attended by about ten multilateral and bilateral donors active in Zambian HIV/AIDS activities. Donors compared their respective HIV/AIDS activities, identified the strengths and weaknesses of the various programs, and helped the U.S. design team to identify gaps in HIV/AIDS interventions. The session provided a safe forum for candid discussion, and donors provided information they would not have offered in the larger stakeholder workshops. Donors were asked to complete and return forms describing their programs and funding levels to further ensure coordination and lack of redundancy.

The focus group for people living with HIV/AIDS was attended by about ten young people who were members of the local AIDS awareness and education organization, the Positive and Living Squad (PALS). This focus group took place after the first

stakeholder planning workshop. During stakeholder interviews, it became clear that HIV/AIDS had become less of a stigma and that people living with HIV/AIDS, while still largely a diffuse and unempowered group, had recently begun to organize. A key activist from PALS had attended the first stakeholder workshop but had remained virtually silent. The team realized a special process was needed to empower this voiceless beneficiary group.

The facilitators worked through the PALS activist who had attended the workshop to round up other members of the focus group. They sought to ensure that the focus group represented a balance of men and women, and they provided transportation and other logistics to facilitate attendance. The facilitators created an atmosphere of comfort and trust between the PALS members and the design team members before the session began, and they worked to draw out reticent group members during the discussion. The result was a lively, frank discussion about the focus of the HIV/AIDS design, including specific activities.

The team members found the focus groups enormously useful and efficient in drawing out important information that would not have come out in the larger stakeholder meetings (see Figure 14). The donors reported feeling that the focus groups allowed them to voice their concerns to the design team, although design team members felt that this may have given the donors a reason to participate less fully in the two subsequent workshops.

Both the design team and the the PALS found their focus group enlightening. One result was high attendance and participation by PALS members in the next stakeholder workshop. This suggested that holding this focus group before the first stakeholder workshop would have encouraged PALS members to be more involved in the entire design process. Some team members suggested that a separate focus group should have been held with women to give them a greater voice.

FIGURE 14. BENEFITS OF FOCUS GROUP DISCUSSIONS

Provides deep and rich information quickly and cost-effectively

Draws out more realistic, honest data that may not be revealed in larger stakeholder workshops

Brings new stakeholders into the process

Empowers stigmatized or vulnerable stakeholder groups (e.g., people living with HIV/AIDS, women)

Fosters greater participation among stakeholder groups, especially vulnerable groups, in larger meetings and workshops.

9.Conducting a Stakeholder Strategic Planning Workshop

This process was the first of its kind in Zambia. There's always been much talk about involving people living with HIV/AIDS in program design, but it has always been jaw-jaw and no action.

Person Living with HIV/AIDS

The first stakeholder workshop was held at a local hotel and involved more than 50 people, including representatives of government ministries, private voluntary organizations (PVOs), NGOs, local community groups, people living with HIV/AIDS, churches, media, and donors. Annex E includes the full agenda for the one-and-a-half-day meeting.

The objectives of the workshop were to:

- develop a broad overview of the HIV/AIDS situation in Zambia
- identify major opportunities and gaps in HIV/AIDS programming
- identify areas where USAID assistance could make the best contribution to HIV/AIDS programming in Zambia
- provide a forum for public, private, and donor coordination and collaboration.

At the start of the workshop, participants introduced themselves and outlined their expectations for the workshop. The facilitators presented key interview findings and solicited feedback to establish common ground and to demonstrate that USAID had been listening to and learning from stakeholders. The facilitators presented the workshop objectives and solicited feedback to ensure agreement about the task at

hand. MOH officials made a brief presentation on the status of the health reforms and HIV/AIDS in Zambia.

The participants sought to identify, discuss, and define major gaps and opportunities in small working groups of five to eight people. The groups were randomly formed, although the design team members were dispersed. Each group posted it findings on flip charts and presented them to the plenary, and discussion followed.

During the afternoon, the same small groups developed two or three key objectives in response to the gaps/opportunities they had identified in the morning. An objective was defined as a desired result or outcome that is both measurable and observable. At the end of the day, each group posted its objectives on flip charts and presented them to the plenary, with discussion following. Each of the more than 20 objectives was also written on separate pieces of paper, which the facilitators collected at the close of the meeting.

During the evening, the facilitators analyzed the 20 stakeholder objectives. Not surprisingly, there was a good deal of overlap. The objectives fell into five broad categories:

- testing and counseling
- mechanisms for care and support
- institutional capacity-building
- policy support
- education and behavior change.

On the second day, the facilitators posted the 20 objectives on the wall, grouped into the five broad categories. The workshop participants cross-checked and modified the list until a consensus emerged on the broad categories.

Participants were asked to congregate and form teams around the objective that most interested them. The teams were asked to refine the objective category and to develop four or five key activities to support it. Each group listed its proposed activities on a flip chart and presented them to the plenary for discussion.

The workshop closed with a brief discussion of the next steps in the design process and an overview of the second workshop, the Synthesis Planning Workshop.

The workshop accomplished all of its main objectives and was the key event in terms of setting the participatory context for the design process. The workshop went a long way toward establishing consensus on the HIV/AIDS situation in Zambia and identifying critical gaps and opportunities. Participants began to build consensus around preliminary project objectives and activities to fill these gaps. Asking the participants to prioritize the objectives would have been useful, if time had allowed. In general, participants and design team members were highly satisfied with both the emerging project design and the relationships that came out of this highly interactive, intense workshop (see Figure 15).

There was a high level of participation across a number of stakeholder groups. In fact, one participant commented that she had never seen such a good mix of key

stakeholders. However, participation by stakeholders from rural areas, individual health districts, the private sector, and the family planning community would have been beneficial. In particular, more MOH participation may have secured a higher level of commitment to the process among top officials.

FIGURE 15. BENEFITS OF A STAKEHOLDER STRATEGIC PLANNING WORKSHOP

Develops a broad overview of the national HIV/AIDS situation

Identifies major opportunities and gaps in HIV/AIDS programming

Identifies areas where USAID assistance could make the best contribution to HIV/AIDS programming

Fosters public, private, and donor coordination and collaboration.

There was a general feeling among participants that more time would have allowed them to further develop their ideas. A half-day could be added to the workshop for this purpose, although participation might fall off because of the extra time commitment. Some participants suggested that more attention to the size and composition of small groups would have enlivened the discussion.

The design team wallpapered their work room with the flip chart notes from the workshop, to which they referred constantly during their design work. During the week after the workshop, the team conducted interviews to verify the preliminary design information from the workshop and to deepen and fill in gaps in their knowledge. Fulfilling the USAID requirement to put the project design into a Results Framework format, the team synthesized the workshop output into a preliminary design comprised of three key results and corresponding activities (see Figure 16).

The project was to be a bilateral U.S.-Zambian agreement, and so the team presented its preliminary project design to several key MOH officials before the final stakeholder workshop. The team had developed a positive and collaborative relationship with the program director of the national AIDS program at the MOH. Cross-checking the design with him before going into the workshop served several purposes:

- ensuring that the design was compatible with the MOH strategic plan
- gaining MOH support for the proposal before the workshop
- setting the stage for the MOH to endorse the plan in the workshop, thus giving it added credibility.

10.Conducting a Synthesis Planning Workshop

The Zambian people have been a part of this process. The process has not been imposed on us. Rather you have shown respect for our ideas and shown that we can think and plan, too.

Workshop participant

FIGURE 16. THREE RESULTS

A week after the initial workshop, the team conducted a one-day Stakeholder Synthesis Planning Workshop. About 50 people attended, the majority of whom had attended the initial workshop. Six to eight people living with HIV/AIDS also participated the PALS who had participated in the focus group a few days earlier. Annex F includes the agenda for the workshop.

The key objective was to allow the design team to test its preliminary design with the stakeholders and to rework and refine the results and activities accordingly. Other workshop objectives included to:

- discuss implementing mechanisms and/or agencies (both local and international)
- identify some practical indicators for tracking project performance
- identify critical assumptions (risks) underlying the project and strategies for minimizing the risks
- discuss next steps for preparation and approval of the project design.

The team leader opened the session with an overview of the preliminary project design structure, including the team's use of the Universal Framework of Objectives to organize its thinking about the range of options for addressing HIV/AIDS in Zambia and to create the Zambianized Tree. The team leader presented the three Results Packages.

Each of the three Results Packages and the corresponding activities were posted on the walls of the room. The participants were asked to roam through the room, visiting different Result Packages and discussing them with the team members stationed at each one. The goal was to increase participants' understanding of the proposed design elements, to allow them to question and probe the team members, and to identify gaps and questions about feasibility. The session produced a lively and solid exchange of ideas, and participants had a generally positive reaction, particularly because they saw that the views they had expressed at the earlier workshop had been incorporated into the draft design.

The participants were asked to congregate into groups around the Results Package that most interested them. These new working groups worked collaboratively with the design team to refine activities and define practical indicators for the components. The groups recorded their work on flip charts, which were presented to the plenary and briefly discussed/critiqued. Finally, the participants went back into their small groups and identified critical assumptions/risks, possible contingency plans, and implementing mechanisms. Again, the groups posted their ideas on flip charts and presented them to the plenary for discussion. This process was quite demanding and often contentious as groups tried to reach consensus on the Results Packages.

There was discussion of the next steps toward completing the project design, including a rough time schedule and an invitation for participants to contact USAID to examine the final project. The director of the national AIDS program closed the session by expressing his satisfaction with the process and its potential for replication

elsewhere, while underscoring the importance of further collaboration and participation to the overall success of the project. Before leaving, the participants filled out a detailed qualitative and quantitative evaluation of the design process. The participants and design team members indicated that the session left them feeling satisfied and motivated.

The Synthesis Planning Workshop quite successfully demonstrated to participants that the design team had listened and responded to stakeholders' input from the earlier workshop and other activities. Participants reported that they felt their views were heard and reflected in the project design. One participant commented that the cooperative environment and common voice created among participants was quite unusual in Zambia. Equally important, the workshop assisted the design team in refining their draft design. One design team member commented that the workshop helped me to work ideas out and even caused me to piece things together differently. Finally, participants were quite excited about the new relationships and partnerships they had established (see Figure 17).

As in the first workshop, participants were somewhat frustrated by time constraints, reporting that they sometimes felt pressure in their small groups to produce results. The group dealing with behavior change interventions (BCI) had particular difficulties, and there was a suggestion that, in the future, the facilitators build in alternative methods to be used by the small groups to work through controversial issues of this kind.

FIGURE 17. BENEFITS OF A SYNTHESIS PLANNING WORKSHOP

Demonstrates to stakeholders that the project design reflects their input

Builds stakeholder commitment to the design

Shows openness and transparency

Allows for review and refinement of the project design

Provides an opportunity to discuss implementation mechanisms and/or agencies for both the local and the international levels

Identifies practical indicators for tracking project performance

Identifies critical assumptions and/or risks, and strategies for minimizing the risks.

11.Synthesizing the Design and Writing the Final Project Proposal

Over the next two days, the design team worked to consolidate and refine the Results Framework. A number of design team members felt there was not enough time after the second workshop to make adjustments to the project design to reflect workshop input. The team worked feverishly to finalize the draft proposal and only had an hour to brief the Mission on the design before their departure. Although the virtual team member continued to refine the design after the team disbanded, it would have been beneficial for the team leader or a senior team member to remain in-country to finish up. Some stakeholders also expressed a strong interest in having USAID set up a mechanism for stakeholders to review the draft design as modified after the workshop.

12.Analysis of the Process and Results

The analysis in this section draws on findings from an evaluation distributed at the completion of the design process and on key interviews several months after the workshops when the project design had been finalized and approved by the U.S. and Zambian governments. The evaluation form was distributed to more than 50 participants in the Synthesis Planning Workshop. About half responded, and this group represented a broad cross-section of the stakeholders and therefore can be considered a meaningful sample. A broad range of qualitative and quantitative questions were asked in both the evaluation and in interviews (see Annexes I and J). The quotations in this section are taken from the responses.

13. THE OVERALL DESIGN PROCESS

The HIV/AIDS project design process successfully accomplished its main objectives: to produce a responsive, high-quality project design that fits within the framework of the Zambian National HIV/AIDS Strategic Plan and the Zambian Health Reform Process. The process also generated strong participation and commitment among the participants and created a more favorable perception of USAID. The process was cost-effective and efficient, and it resulted in a $25 million project that was readily approved by both the U.S. and Zambian governments.

The factors that contributed to the success of this process included:

- a supportive environment, including a USAID Mission that was experienced in the participatory design process, committed and talented MOH officials who had a solid HIV/AIDS strategy in place, and a spirit of cooperation among donors and other organizations
- involvement of key stakeholders, especially the project's beneficiaries people living with HIV/AIDS who were relatively organized, which facilitated their participation
- application of simple participatory planning techniques
- flexible application of the UFO
- a well-rounded design team with good leadership, technical, and group-process skills
- use of facilitators who gained the trust of participants.

Participants found the overall design process highly successful and energizing. They highlighted several unique aspects of the overall design process as particularly beneficial:

the excellent representation of diverse groups
the ability of the government, NGOs, and other stakeholders that were typically at odds with each other with much finger pointing to work together
the ability of all groups to air their views in an open forum on fairly equal grounding and with one group's ideas balanced against those of the others
the efficient, remarkably productive, and exciting and invigorating stakeholder workshops some noted the richness, depth, and detail of the exercise
the facilitated approach, which provided structure to the planning process, allowed for flexibility where it was needed, and kept the group focused and on track.

These factors are summarized in Figure 18 and outlined in detail in the remainder of this section.

FIGURE 18. FACTORS BEHIND THE SUCCESS OF THE DESIGN PROCESS

mix of participants

structure of the design process

combination of planning methodologies employed

composition of the design team

role of the facilitators.

14.Mix of Participants

The design process involved most but not all key groups that had a stake in the project design, including people living with and affected by HIV/AIDS, MOH officials, local and international NGOs, and bilateral and multilateral donors. The participants together provided a well-rounded understanding of on-the-ground HIV/AIDS issues and the needs of people on both a macro and grassroots level. Many participants had experience in implementing AIDS interventions in Zambia, and others had comparable experiences implementing interventions internationally. Some were well-versed in specific technical issues, while others spoke from a personal perspective about the

epidemic. This diverse mix of stakeholders allowed for a rich discussion of the issues and, ultimately, a high-quality and responsive design.

The mix of participants could have been improved if the initial stakeholder analysis had been continually reviewed throughout the design process to ensure that all important groups were represented. Several groups could have been more prominently represented, including private businesses working to promote AIDS prevention in the workplace, young people, people working on AIDS in the various government ministries, district level representatives, and more stakeholders from the field in general.

15.Structure of the Design Process

The design process provided a structure for participants to better understand the overall HIV/AIDS situation, the activities of other actors in the HIV/AIDS arena, and the opportunities and gaps in HIV/AIDS interventions in Zambia, in order to thoroughly evaluate alternatives for project design. The sequence of the various steps and the ability to work in large and small groups helped participants to build consensus on general issues before moving to the more detailed aspects of the project design. The group looked at carefully sequenced and graduated issues of why, what, and how. This overall structure and sequence of events resulted in a collaborative and relatively efficient process.

16.Combination of Methodologies

The planning process employed a variety of planning tools and methodologies that were carefully selected to accomplish each planning task, which are outlined in Table 1. The techniques produced different types of information, which enabled participants to triangulate their findings and to summarize complex analyses into more manageable forms during each step of the process. For example, open-ended discussions and dialogue were used more heavily at the early stages of the process to explore themes and issues; objectives trees were used later to identify alternative interventions and eventually to synthesize the core project design elements; and small working groups were used toward the end to break objectives into more discrete and clearly defined activities.

The variety of techniques also helped to keep people active, engaged, and focused. Each technique was flexible, transparent, and fairly easy to use. Many of the techniques had the added advantage of having a strong visual orientation. The use of flip charts and wall diagrams fostered an atmosphere of transparency and openness and offered easy reference points for cross-checking work and focusing on key themes. Finally, the application of each technique encouraged learning, participation, consensus-building, and ownership of the results.

7.Composition of the Design Team

The high-quality of the design team was critical to the success of the process. The team members, particularly the team leader, had strong process and listening skills. They were supportive of the participatory design structure. They were willing to listen and learn from stakeholders. They had a wide range of technical backgrounds. The inclusion on the team of a former high-level Zambian MOH official provided a special perspective on the needs and opinions of stakeholders and helped the team to build relationships with many stakeholders based on trust and respect.

II.Role of the Facilitators

The facilitators played a vital role in designing and implementing the participatory aspects of the design process. The facilitators brokered the process between the core design team and the other participants throughout the initial stakeholder interviews, the team orientation, the focus groups, and the stakeholder workshops. A conscious effort was made to give underrepresented groups a strong voice in the process. In the stakeholder workshops, the facilitators provided direction to the group by explaining each task, assisting the working groups in staying on track and within their time limits, balancing people's contributions to the discussion, and helping to summarize and synthesize ideas and discussion.

TABLE 1. METHODOLOGIES USED IN THE DESIGN PROCESS

Methodology	Purpose	Strengths	Weaknesses

Stakeholder analysis	Understand group interests and effects on the project's success Identify groups to participate in project design Identify possible risks to project early in process	greatly improves understanding of emerging design issues quick analysis and data collection	time-consuming can lead to false assumptions unless cross-checked with stakeholders
Focus Group Discussions and Key Informant Interviews	Gain in-depth understanding of issues from beneficiaries' and stakeholders' perspectives Understand rationale, requirements, and risks for project interventions	rich, qualitative data quickly and cost- effectively open-ended can explore emergent themes/patterns empower participants by giving them a voice	qualitative data analysis can be difficult requires careful selection of participants and basic moderator skills

Field Visits	Understand stakeholder interests in the local context Assess institutional strengths/weaknesses Cross-check data generated in plenary sessions Access hard-to-reach groups	deeper understanding of environment, opportunities, and constraints can be highly participatory, especially with use of Participatory Appraisal techniques	biases may occur in data if site selection is not carefully thought through and team only meets with elites

Objective Tree Analysis	Generate consensus on key project objectives Explore alternative project objectives to determine which are most feasible	strong visual orientation allow representation and critical analysis of causal relationships synthesis, simplification of highly complex issues	hard to agree on cause and effect causal relationships may be circular dependent on quality of thinking

Opportunities and Gaps Analysis	Explore and generate consensus on key priorities for project	open-ended useful at early stages to understand opportunities and constraints highly participatory, draws fully on experience of group members	can be weak if certain perspectives are missing vocal stakeholders may dominate best combined with analysis of priorities

Small Working Group Sessions	Analyze specific design issues in detail	brings in-depth technical perspectives without sidetracking plenary group	vocal and technical groups may dominate if good facilitation is not provided
Gallery Sessions and Plenary Presentations	Review and cross-check small group work with plenary or large groups	cover ground quickly transparency focus interests in gallery builds consensus	can be superficial if not properly facilitated or if group is tired
Visuals Aids (flip charts and wall diagrams)	Foster transparency and openness Create reference points for cross-checking work Foster participation and commitment	synthesis equalizing effect don't always require literacy	outsiders or newcomers may need explanation

In working with the core team, the facilitators maintained a flexible approach and designed stakeholder sessions to address the outstanding concerns and information needs of the team. The agendas for the stakeholder meetings and the questions for group interviews were negotiated with the team in advance. Because of the small size of the team and the good group-process skills of the team members, the facilitators didn't insist on being in the middle of things, but fit in where they were needed. The facilitators tracked the team's progress and occasionally reminded them to stay true to the themes and agreements generated in the stakeholder meetings. The facilitators were able to play a substantive role while remaining neutral as to the content of the design.

1. The Quality of the Project Design

Participants scored the project very highly for its technical quality, its responsiveness to key stakeholder needs/interests, and its utilization of local resources for implementation. Interviewees pointed to several main strengths of the project design that contribute to its high quality:

The design is responsive to the needs and interests of several important groups, including people living with and affected by HIV/AIDS, the MOH, and NGOs.

The components of the design are well-integrated and provide a solid and practical strategy for AIDS prevention, control, and care. Several interviewees mentioned being pleased that the project broke down the artificial boundary that separates HIV prevention from AIDS care and that it included actual implementation strategies.

The community approach is clearly in focus with comprehensive community-based programs.

The design supports the health districts and the broader-based activities of health decentralization at the district level.

The design offers concrete activities to strengthen the national HIV/AIDS policy dialogue and the coordinating role of the National HIV/AIDS Strategic Plan.

The design builds on the lessons from the first phase of the project's implementation and expands upon the most successful activities.

The design is well-conceived and is efficient in its use of local resources and NGOs for implementation.

Figure 19 summarizes these factors.

Figure 19. Factors Contributing to the High Quality of the Project Design

Responsiveness to the needs and interests of stakeholders

Integration of AIDS prevention, control, and care

Focus on community-based approaches

Supportive of Zambia's goal to decentralize the health system

Inclusion of concrete activities to strengthen and support the MOH

Incorporates lessons learned and expands on successful activities

Effectively utilizes local resources.

The extent to which the HIV/AIDS project design quality is attributable to the design process was tested and clearly demonstrated through several scored questions asked of participants in the Synthesis Planning Workshop and in interviews with key informants (scored on a scale of 1 to 10, with 1 = to no extent and 10 = to a great extent):

To what extent do you believe that the design process led to a higher quality project design? *Average score: 8.8*

To what extent do you believe the design process led to a more responsive design? *Average score: 8.7*

To what extent do you believe the design process enabled the design to be better adapted to local conditions? *Average score: 7.8*

2. The Responsiveness of the Design

The HIV/AIDS prevention project design that emerged from the participatory design process is highly responsive to the needs of key stakeholders. In particular, the design is viewed as responsive to the needs of people living with HIV/AIDS and fits well within the National HIV/AIDS Strategic Plan and the overall Zambian Health Reform Process. Participants reported, almost unanimously, that they felt their views had been heard and reflected in the final project design. USAID/Z reports that a number of

participants followed up and reviewed the final project design and were very satisfied (some ecstatic) with how well it responded to their needs and views.

3.Responsiveness to People Living with HIV/AIDS

People living with HIV/AIDS are key beneficiaries of this project, but as a group they are often stigmatized, diffuse, and unempowered. (These issues are even more relevant to women with HIV/AIDS.) Members of this group overwhelmingly commented that the design responds to their input and needs. They said that few program designs, if any, in the past have been as consultative as this one was and that the approaches facilitated an air of freedom to express oneself. A workshop participant described the USAID project design as unique with regard to the strong representation of the views of people with HIV/AIDS.

To what extent do you believe the project design responds to the needs of people living with AIDS in Zambia? *Average score: 7.8*

Several factors contributed to this success:

A combination of methodologies were used to bring this stakeholder group into the design process, including interviews, a focus group, and stakeholder workshops. This combination was powerful in drawing out information, building trust, and empowering this group to have an influence on the outcome of the design.

In Zambia, people living with HIV/AIDS are less stigmatized than in other countries, and they had recently begun to organize and speak out on HIV/AIDS.

A conscious effort was made to listen to and incorporate the ideas of this group. A focus group was organized for the Positive and Living Squad (PALS), at which the design team asked questions, actively listened, and bounced ideas off the group. The design team modified certain elements of its draft project as a result of that discussion.

As this group gained confidence and trust, they participated more fully and freely in the workshop. The PALS turned out in full force at the final workshop, dispersed themselves among the various small groups, contributed forcefully to the discussions, and had a measurable impact on the outcome of the design.

4.Responsiveness to the MOH and the National HIV/AIDS Strategic Plan

Ministry of Health officials said that the project was very responsive to the Zambian AIDS strategy and fit well with the Health Reform Process. One MOH official commented that this project is more acceptable than any other project in the past and very responsive to the MOH. Another commented that the final product will help move the National AIDS Control Program forward. This is in stark contrast to MOH perceptions of the previous HIV/AIDS project. Perhaps the best commentary was the fact that the MOH approved the final bilateral design in only a month.

To what extent to you believe the project design responds to National AIDS Control Program priorities? *Average score: 8.5*

To what extent do you believe the project design fits with the priorities of the Health Reform Process? *Average score: 8.0*

A key to the success of this project design was the intimate involvement of MOH officials in each phase of the process. This involvement began with the presence on the design team of a former senior official from the MOH who had been instrumental in designing the Zambian National AIDS Strategy. His knowledge of the Zambian national program and its strengths and weaknesses and his relationship with key officials proved invaluable in making the design responsive to the national AIDS program and complementary with the Health Reform Process. Additionally, MOH officials were involved in every stage of the design process: from one-on-one meetings and interviews, to small meetings with the design team, to stakeholder workshops. Finally, the design team's detailed review of the Zambian National HIV/AIDS Strategic Plan and its resulting creation of a Zambianized Tree demonstrated the team's knowledge of and respect for ongoing Zambian efforts.

5. STAKEHOLDERS' COMMITMENT TO THE DESIGN

The process produced a project design to which the stakeholders are very committed. They consider themselves to be equal partners in making implementation of the project a success.

Participants reported that they are very much more motivated to participate in the project because USAID talked directly to the people who know about the issue or know how it feels to have HIV/AIDS and have ideas about what to do about it.

To what extent do you think the design process led to increased commitment of workshop participants to the emerging HIV/AIDS project design? *Average score: 8.4*

At this stage how do you score your own commitment to the HIV/AIDS project design? *Average score: 9.1*

This increased commitment has several beneficial effects. First, the increased commitment and ownership created during the design process produces a heightened interest in ensuring successful implementation of the project. As one participant said, The fact that we have been involved from the beginning of the program makes us feel as equal partners in making the program a success. A key theme that emerged from the evaluations and key informant interviews was intense interest in following through with a review of the final design and, most important, being involved in implementation.

Second, the synergy from new partnerships formed during the design process enhances the environment for addressing the HIV/AIDS problem in Zambia. Many

participants reported that new relationships and ideas from the collaborative design process has led to ideas for other supporting projects, created an impetus for groups to move forward with existing programs, and led to new partnerships.

The use of the participatory process at the design stage establishes an expectation among stakeholders that other phases of the project will be managed collaboratively, particularly its implementation. It will be important to introduce participatory mechanisms for planning, monitoring, and review into the implementation process in order to maintain the commitment of key stakeholders and the flexibility to bring new stakeholders into the process. Although these may take many different shapes and forms, several approaches deserve special mention: the Project Launch Workshop, the Annual Planning Meeting; and Performance Improvement Planning (See Annex G and Annex H).

6. DONOR COORDINATION

The project design process, including the donor focus group, became a mechanism for enhanced donor coordination. More than ten donor agencies were involved in the process, and they reported being quite satisfied with the process and feeling that it helped to further strengthen partnerships among donors. Given the large number of donors and the fairly cooperative working relationships among donors in Zambia, the donor focus group served as a forum for such cooperation among donors. It also helped the design team to better understand the gaps and/or opportunities and USAID's area of comparative advantage. This was accomplished quite efficiently through use of a handout distributed at the meeting asking donors to specify activities, the status of activities, and funding levels. Donors found the large workshops helped to give us the big picture, although not all the donors consistently attended the workshops. A number of donors requested that in the future they be offered an opportunity to comment on the final project design.

The workshop participants' perception of the donors' involvement was positive:

To what extent do you believe the design process enabled better coordination of the design with the activities of other donors? *Average score: 7.3*

In sum, the Zambia HIV/AIDS project design process is an excellent model that can be adapted for a variety of planning situations for USAID and other development agencies. As a next step, the participatory design process must be validated by collaborative implementation in order to ensure that the project remains responsive and retains the commitment of key stakeholders.

7.Lessons Learned and Recommendations

The design process for the Zambia HIV/AIDS prevention and control project provided numerous lessons, general and specific.

8. GENERAL

The participatory design process used in Zambia is effective in producing a high-quality project that generates a high level of commitment among stakeholders. This participatory planning process should be used much more widely by USAID.

To ensure the best environment for the design process, the Mission should begin the initial planning process early, even several months in advance. Planning activities should include identification of design team members and stakeholders, broad planning discussions with the MOH, and initial scheduling.

The composition of the design team is critical to the success of the project design, and it may take several months to build the best team. The ideal team has a good mix of people with strong group, technical, and process skills. It is highly preferable for all team members to stay in-country throughout the process and for at least one full-time team member to be part of the Mission staff and for another member to be a national of the country.

The success of the design process is largely dependent on getting key stakeholders to buy in, including the MOH and the project's beneficiaries. Their support and trust should be actively cultivated during the interview, preparatory, and planning stages.

Enough time must be allotted for drafting the project design document. In a country the size of Zambia that has a relatively solid infrastructure, the process should be expected to take three to six weeks. In larger countries where conditions are less ideal, the process could take considerably longer.

The participatory process increases stakeholders' commitment to the success of the project and raises their expectations for continued involvement. It is very important to involve stakeholders in subsequent stages of the project, such as the project launch, implementation, and monitoring and evaluation. There are a variety of ways to foster and facilitate involvement by stakeholders, and these should be used by USAID.

9. The Preparatory Phase

A thorough stakeholder analysis is critical to the success of the design process and the project design itself. Identifying the needs of various groups early on allows time for setting up appropriate structures to most effectively bring them into the process. Cultural, political, religious, and gender sensitivities must be considered in determining how to involve stakeholders.

The design team should conduct a stakeholder analysis early in the design process, which should be continually refined. This will help ensure that the right people are brought into the process early.

Focus groups are a highly effective means of drawing out and collecting data from special groups of stakeholders. These are especially effective when used early in the process for relatively unempowered groups because they can embolden these stakeholders to participate more actively in the larger workshops. Where women are particularly unempowered or have distinctly different interests from men, a separate focus group can help give them a voice.

A focus group for donor agencies is almost always advisable. This is the most reliable way to gather hard data about donor activities and to begin to examine the extent of donor coordination. The focus group can be made more effective by having donors fill out a brief questionnaire in advance of the session about their relevant activities.

Field visits are critical in designing a customer-responsive project. However, leaving insufficient time for these visits can have a negative

effect on the site selection (e.g., choosing sites based on proximity and ease of access instead of appropriateness) and can consequently skew the data collected. Field visits to implementing agencies can help understand their capacities and constraints. The amount of time to be allocated for field visits depend on the scope and complexity of the design, the range of target audiences, and the ease of access in the country, among other things.

A flexible application of the Universal Framework of Objectives (UFO) is advisable. In a country with a well-developed national HIV/AIDS strategy, it will be easier to use the four-step process used in Zambia to apply the UFO: reviewing the interventions in the UFO; comparing the UFO interventions with the national HIV/AIDS strategy; identifying gaps and/or opportunities; and analyzing USAID's comparative advantage.

10. THE PLANNING PHASE

In the Zambian HIV/AIDS design, the first stakeholder workshop lasted 1½ days and the second lasted 1 day. To allow stakeholders adequate time to work through the issues, both workshops should be 1½ to 2 days long. The longer the workshop, however, the greater the risk that participation will suffer.

Holding the workshops off site, perhaps at a local retreat center, may encourage more continuous participation by the stakeholders.

Particularly vulnerable or silent stakeholder groups may need to be represented in larger numbers in the large stakeholder workshops in order to level the field.

Some mechanism should be included in the workshops for allowing small groups to continue working if they want and/or need to do so. For example, these groups could work over scheduled breaks, such as lunch, or after the session closes and could report their findings to the plenary on the following day.

Team members should have at least several days to refine the project paper after the Synthesis Planning Workshop. If it is impossible for all

team members to stay in-country, then at least one or two team members should stay a few extra days to massage the report. (Ideally, the team would include one member from the Mission who could continue to work on the project paper with the proxy of the team.)

A mechanism should be set up to allow stakeholders to review and comment on the draft project design, especially MOH officials and the project's beneficiaries. A face-to-face meeting or focus group meeting could be held to review the design with these key groups.

11. USE OF FACILITATORS

The use of facilitators who remain outside the technical structure of the design team is recommended. Facilitators should be perceived as neutral by the stakeholders in order to foster trust and to build relationships between the design team members and the key stakeholders.

A co-facilitator arrangement should be used in large group events (i.e., over 30 people) to maximize the potential range and effectiveness of the activities. Where possible, facilitator teams should include nationals, which broadens the range of experience and knowledge of the team and builds host-country capacities.

A key role of the facilitator is to determine the techniques to be used at each stage in the process and how and with whom they should be used. To add the most value, the facilitator should remain flexible and should constantly assess the constraints under which the team is operating, such as time, political sensitivities, team dynamics, resource availability, etc.

12. CAPACITY-BUILDING

A capacity-building element should be built into the overall process. As a follow-on to the design process, a training-of-trainers could be offered to certain institutions represented at the workshop, such as the MOH, in order to strengthen their capacity to deliver people-centered participatory planning methods. A toolkit of participatory planning methodologies also could be provided to these institutions.

Regional training centers could be identified for training-of-trainers.

Annexes

Annex A: Glossary of Terms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BCI	behavior change interventions
COAG	cooperative agreement
CPSP	Country Program Strategic Plan
GRZ	Government of the Republic of Zambia
HIV	Human Immunodeficiency Virus
HPN	Population, Health & Nutrition
HRIT	Health Reform Impact Team
M&E	monitoring and evaluation
MCR	Malaria Control Research Project
MOH	Ministry of Health
MSM/A	Morehouse School of Medicine of Atlanta, Georgia
MTP	medium term plan
NAPCP	National AIDS Prevention and Control Programme
NASTLP	Zambia National AIDS/STD/TB and Leprosy Programme
NGO	nongovernmental organization
ODA	Overseas Development Administration
PACD	Project Assistance Completion Date
PALS	Positive and Living Squad (Zambian AIDS awareness and education organization)
PHN	Office of Population, Health & Nutrition (USAID)
PIP	Performance Improvement Programming
ProAg	Project Grant Agreement
PVO	private voluntary organization
RF	Results Framework
SOAG	Strategic Objective Agreement
STD	sexually transmitted disease
STP	short term plan
UFO	Universal Framework of Objectives
UNAIDS	United Nations Joint and Co-sponsored Programme on AIDS
USAID	U.S. Agency for International Development
USAID/Z	U.S. Agency for International Development/Zambia
WBS	work breakdown structure
ZOPP	Zielorientierte Programm Plannung (Objectives-Oriented Program Planning)

Annex B: Stakeholder Workshop Participants

1.	Ernst Wendland	Lutheran Church
2.	Robie Siamwiza	NASTLP - MOH
3.	Monica Shinkanga	YWCA
4.	Mary Kazunga	YWCA
5.	Jost Hoppenbrauer	WHO
6.	Pascal Kwapa	NASTLP - MOH
7.	Smaba Muvuma	TMU - MOH
8.	Richard Maamachila	TMU- MOH
9.	Gilda Mgoma	World Vision
10.	Kennedy Ngandwe	Hope House (Positive and Living Squad)
11.	Patricia Matabashi	Hope House - PALS
12.	Gladys Moyo	Hope House - PALS
13.	Willy Goma	Hope House - PALS
14.	Roy Mwilu	Care International of Zambia
15.	Murial M. Sycumpi	John Snow International
16.	Joe Wiesman	Morehouse Project
17.	Tom Tauras	Project Concern
18.	Leo Okeetle	UNICEF
19.	Kathleen Siachipema	Population Council
20.	Tina Chonde	FATIMA Home Based Care
21.	Paul Sakala	Christ the King HBC
22.	Stephen	Hope House - PALS
23.	Pamela Foster	Progressive Life
24.	Jantine Jacobi	MCH/FP/MOH/WHO
25.	David Olson	Population Services International (PSI)
26.	Sanjay Chaganti	PSI
27.	Suzanne Thomas	John Snow International
28.	Olive Manjanja	Netherlands Embassy
29.	B. Olowo-Freers	UNAIDS
30.	Nwampoya Serpell	UNICEF
31.	Elizabeth Serlenitsos	JHU/PCS/ZFPS
32.	Guy Scott	Mano Consulting
33.	Paul Hartenberger	USAID/Zambia
34.	Lisa Baldwin	Peace Corps
35.	Dr. P. Chibuye	World Bank
36.	Margaret Mutambo	UNDP

37.	Merab K. Kirerure	Tasintha Program
38.	Linda Shakabonga	Hope House - PALS
39.	Sitwala Mungunda	Kara Counselling
40.	Susan Allen	Project San Francisco
41.	Steve McKenna	Project San Francisco
42.	Dr. Van den Bosch	NASTLP - MOH
43.	Dr. H.B. Himonga	MOH
44.	Doris Mutunwa	MOH - HIV/AIDS Preventional Focal Point
45.	Anayawa Siamianze	NGO Coordinating Committee
46.	Masauso Nzima	Morehouse Project
47.	David Chipanta	Network of African People Living with HIV/AIDS
48.	Father M.T. Kelly	Kara Counselling
49.	Winston Zulu	Kara Counselling
50.	Dr. Doreen Mulenga	UNICEF
51.	Shinji Obuchi	JICA
52.	Michael M. Daka	Zambia Institute of Mass Communication
53.	G.W. Tembo	Ministry of Tourism
54.	Jan Olsson	MOH
55.	John Munsanje	Family Health Trust
56.	Edem Djoko Toe	ZAMCOM
57.	Michael Mutemwa	Pharmaceutical Society of Zambia
58.	Rachel Baggeley	Kara Counselling
59.	Moses Sichone	MOH - National AIDS Manager
60.	Vincent Musowe	MOH
61.	Dr. Sam Nyaywa	Health Reform Implementation Team (HRIT) Chairman
62.	Dr. Michael O'Dwyer	Overseas Development Administration
63.	Erik Blas	HRIT
64.	Dr. Douglas Webb	UNICEF
65.	Naomi Rutenberg	Population Council
66.	Professor Nkhandu Luo	University Teaching Hospital
67.	Andrea Lieren	Project San Francisco
68.	David Roth	Project San Francisco
69.	Ms. Inger Tveit	NORAD
70.	Dudley Connelly	Project Concern International
71.	Dr. Rodwell Vongo	Traditional Healers, THPAZ
72.	Lt. Co. Joyce Puta	Maina Soko Military Hospital
73.	Bwakya Vundamina	JSI
74.	Karen Romano	Morehouse Project
75.	Dr. Dean Phiri	MOH

Annex C: Core Design Team Members

Dr. Paul Delay, Team Leader, USAID/HIV-AIDS
Holly Fluty, USAID/HIV-AIDS
Dr. Roland Msiska, Program Development Officer, UNAIDS (formerly National Program Manager of AIDS/STD/TB & Leprosy, Zambia)
Dr. Susan Hunter, Consultant
Dr. Ben Harris, Consultant
Mr. Mark White, USAID/Zambia

VIRTUAL TEAM MEMBER

Dr. Steve Wiersma, formerly with USAID/Zambia

FACILITATORS

Rolf Sartorius, Social Impact
Patricia Hanscom, Social Impact

Annex D: USAID HIV/AIDS Project Design Team Orientation and Team-Building Session

The orientation and team building sessions will be held in the team planning room (the Nsumbu Room) on the first floor of the Inter-Continental Hotel. The room will be available at all hours through July 2.*

Friday, June 14

8:45 Coffee
9:00 Welcome and Team's Purpose and the Deliverable: Paul Hartenberger, Director PHN Office, USAID
9:30 Welcome, Team Member Introductions and a Note on Logistics: Rolf Sartorius and Pat Hanscom, Social Impact
10:30 *Break*
10:45 Overview of the Participatory Design Process: Rolf Sartorius
11:00 Interview Findings: Pat Hanscom
11:30 Overview HIV/AIDS in Zambia and Donor Coordination: Dr. Roland Msiska, UNAIDS
12:30 *Lunch*
1:45 The Morehouse HIV/AIDS Project: Joe Wiseman, Chief of Party; Karen Romano, Manager, Traditional Healer and Youth Components; Robie Siamwiza, Policy
3:00 *Break*
3:15 The Social Marketing Component: David Olson, Country Representative, Population Services International
4:00 Closing Round

Saturday, June 15

9:00 Opening Round
9:15 Discussion of Scope of Work and Format: Paul Hartenberger and Mark White
10:30 *Break*
10:45 Defining Team Member Roles and Responsibilities
12:30 *Lunch*
1:30 On a More Personal Note: Individual Work Styles

2:00 Team Development: What to Expect
2:30 Next Steps
3:15 Closing Round

Dates to Remember

June 18: Evening Check-In
June 20: Afternoon Review and Prep Session
June 21-22: Stakeholder Symposium
June 28-29: Stakeholder Synthesis Workshop

*When leaving the team planning room, please leave key with the front desk.
(Draft: June 12)

Annex E: Stakeholder Strategic Planning Workshop Agenda

Workshop Objectives

1. Develop a broad overview of the HIV/AIDS situation in Zambia.
1. Identify and prioritize major opportunities and gaps in HIV/AIDS programming (prevention, control and care).
1. Identify areas where USAID assistance can make the best contribution to HIV/AIDS programming in Zambia.
4. Provide a forum for public, private and donor coordination and collaboration.

Friday June 21

8:45 *Coffee and tea*
9:00 WELCOME AND INTRODUCTIONS
Dr. Sam Nyaywa, Mr. Vincent Musowe, HRIT
Joseph Stepanek, Mission Director, USAID Zambia
9:20 Participant Introductions
9:50 Workshop Overview
10:00 Interview Findings: Patricia Hanscom, Social Impact
10:15 *Break*
10:30 AIDS/HIV SITUATION OVERVIEW, Dr. Sichone, Director NASTLP
11:15 OPPORTUNITIES AND GAPS IN HIV/AIDS INTERVENTIONS
Small groups
12:00 Reports to Plenary
12:30 *Lunch*
1:30 WHICH OPPORTUNITIES AND GAPS ARE A PRIORITY?
Small groups
Summary of Rankings
2:30 SYNTHESIS: WHAT ARE SOME KEY OBJECTIVES?
Small groups
3:15 *Working coffee break*
3:45 Reports to Plenary
4:45 Closing Round

Saturday June 22

8: 45 *Coffee and tea*
9:00 Opening Round
9:15 REVIEW KEY OBJECTIVES
9:30 WHAT ARE SOME KEY ACTIVITIES TO SUPPORT EACH OBJECTIVE?
Small groups
10:15 *Break*
10:30 GALLERY WALK
11:00 WHICH ACTIVITIES ARE A PRIORITY?
Small groups
Ranking
12:00 NEXT STEPS, USAID Design Team Leader, Paul Delay
12:15 Closing Round
12:45 Finish

Annex F: Stakeholder Synthesis Planning Workshop Agenda

This was a one-day workshop involving 40+ stakeholders in the HIV/AIDS project planning process. The workshop was the second in a two-part participatory planning process conducted at the Inter-Continental Hotel in Lusaka. These notes summarize the key findings and project design elements developed by the workshop participants. Additional copies of these notes and notes from the first planning workshop on June 21, 1996, are available through USAID/Zambia.

Workshop Objectives

1. Review and refine the HIV/AIDS project design.
2. Discuss implementing mechanisms/agencies both local and international.
3. Identify some practical indicators for tracking project performance.
4. Identify critical assumptions (risks) underlying the project and strategies for minimizing risks.
5. Discuss Next Steps for project preparation and approval.

Friday June 28

9:00 WELCOME AND INTRODUCTION, Rolf Sartorius, Social Impact; Paul Hartenberger, USAID/Zambia
9:15 OVERVIEW OF PROJECT DESIGN STRUCTURE, Dr Paul Delay, USAID Design Team Leader
9:45 GALLERY WALK: Visit project components
10:15 *Break*
10:30 WORKING SESSION I: REFINE PROJECT ACTIVITIES
11: 45 WORKING SESSION II: DEFINE PRACTICAL INDICATORS FOR PROJECT COMPONENTS
12:30 Short reports to plenary
1:45 *Lunch*
2:30 WORKING SESSION III: IDENTIFY CRITICAL ASSUMPTIONS/RISKS AND POSSIBLE CONTINGENCY PLANS
3:15 *Working coffee break*
4:00 NEXT STEPS AND CLOSING: Dr. Sichone, Director NASTLP; Dr. Paul Delay; Paul Hartenberger; Rolf Sartorius

Workshop Process

Small informal groups of 4-10 people were established to work on project components and sub-components with instructions to complete each task. Each group was attended by a USAID design team member. After completing small group tasks, the groups made informal summary presentations to the plenary session.

Annex G: Participatory Project Launch

SOCIAL IMPACT: Impact note series

Participatory Project Launch: Critical Steps for Strengthening Implementation

Participatory Launch

Many development agencies are increasingly aware of the benefits of participatory approaches to increase stakeholder commitment and project performance. However, there are also tremendous benefits to using participatory approaches to strengthen implementation. Participatory project launch offers a high pay off to reinforce earlier participatory efforts while preparing and motivating teams for implementation. If participation has not been part of project preparation, participatory launch offers a unique opportunity to make up for lost ground. Some of the main benefits of participatory launch are:

increased understanding and commitment of key stakeholders to the project design;
more realistic, focused and responsive project designs;
bringing important peripheral stakeholders into the project process;
more realistic time frames for project activities;
clearer roles and responsibilities for implementation;
practical monitoring and evaluation plans;
greater commitment and coordination among implementing agencies; and
more effective project teams.

Launching the Malaria Control and Research Project

The Gujarat Malaria Control and Research Project is a $12 million project financed by the Overseas Development Administration (ODA). The launch workshop was conducted in Surat, India during November 1995 under the auspices of ODA and the British Council. It involved 27 participants from 12 implementing agencies, including local community and women's groups.

Workshop rationale and objectives**.** The launch workshop was initiated to respond to a difficult and unwieldy project development process that had spanned nearly a decade with little continuity of the main actors. The organizers felt a strong need to reach a common understanding of the project rationale, its design and implementation responsibilities amongst the many and diverse stakeholders. With this backdrop the workshop was organized and conducted around twelve main steps.

Step 1: Stakeholder Analysis. To prepare the workshop a stakeholder analysis" was completed to identify groups and agencies with an interest in the project with special consideration given to inviting implementing groups and those who had been peripheral to the design process. Each of these groups sent one or two representatives.

The main purpose of the 5-day workshop was to build the implementation team and to launch the project with the commitment and understanding of implementing agencies and participants. Specific objectives were to:

1. Provide basic training in results- oriented project management;
2. Understand the MCR Project rationale and the project design;
3. Refine the project design;
4. Develop operational plans for the project components/outputs;
5. Develop the project's monitoring and evaluation plans; and
6. Identify and resolve any outstanding implementation issues.

Step 2: Introductions and Expectations. Introductory sessions were led to introduce participants, the project and to orient the group to basic methods for assessing project design and to building effective teams.

Step 3: Review Project Rationale. More in-depth presentation and discussion of the project rationale highlighted several key issues needing further attention in the project design. A senior official presented the project objectives to the group using a larger visual format, The project Goal, Purpose and each of the six Outputs were discussed in the context of the project rationale.

Step 4: Team Building. Team-building exercises were interspersed into the program to build and energize the team. These included Western and other exercises building on local metaphors.

Step 5: Review Project Design. A working group session reviewed and critiqued the project design. Recommendations for strengthening the design were discussed. Although the project design was quite solid, some critical objectives were weak. It was agreed that key issues of institutional development, community participation and urban malaria control needed further development.

Step 6: Refine Project Strategy. The second set of working groups addressed each of these issues and worked to refine the project strategy and related activities. Having refined the basic project strategy the team was now ready (and anxious) to get to the technical details.

Step 7: Review and Refine Activities. Teams worked to develop, refine and consolidate

activities to support each of the 6 project Outputs. Each Output team explained its work to the group and fielded questions to ensure that activities were feasible and responded to issues and recommendations raised by the earlier working groups.

Step 8: Develop WBS. Output teams then developed simple Work Breakdown Structures (WBS) for each of the Outputs which were entered into a simple project scheduling software program.

Step 9: Assign Roles and Responsibilities. Output teams then assigned roles and responsibilities to the WBS. Each team presented its work to the plenary with discussion centering on missing or unnecessary tasks, appropriateness of roles/responsibilities, and identification of important dependencies with the work of other teams. This was a demanding, detail-oriented session which ultimately resulted in consensus on activities and the roles and responsibilities of implementing agencies.

Step 10: Develop Schedules. Each team worked to develop realistic schedules for each of the work structures using flip charts and then the software. A Gantt chart was developed for each Output. These were refined through discussion in plenary.

Step 11: Develop M&E Plan. A special working group was established to develop a Monitoring and Evaluation (M&E) plan for the project which was then presented to the plenary for review and refinement.

Step 12: Closing. The team proudly presented the project to the District Development Officer, a sort of local hero. He joined team members to make a personal commitment to make the project succeed. Finally there was a count down to project launch...5, 4, 3, 2, 1, LAUNCH!!!

Conclusion

According to participants the Project Launch Workshop was successful in accomplishing its main objectives to build the project team and develop a common vision of the project as well as detailed plans of operation. The 12-Step approach was highly participatory and drew otherwise key peripheral stakeholders into the project process. As a result, participants agreed that the workshop lead to:

- greater understanding of the project rationale and the project design;
- a more realistic, clearly focused and responsive project design;
- clearer roles and responsibilities;
- more realistic time frames;
- a practical M&E plan;
- greater commitment and coordination among implementing agencies; and,
- a more effective and cohesive team.

Although the launch is critical in the team's journey, the skills, consensus and ownership generated during the workshop need to be applied and renewed along the way. Although participatory launch activities can be used to make up for lost ground in a nonparticipatory project design process, it is most effective when it is one of several key participative interventions covering project design, launch and

mid-term review. Because of the high-payoff potential for strengthening implementation, launch workshops are strongly recommended, especially for projects that are complex and demanding in terms of stakeholder involvement and donor coordination.

Annex G: Participatory Project Launch

Annex H: Performance Improvement Programming (PIP)

SOCIAL IMPACT: Impact note series

Performance Improvement Programming (PIP): A Participatory Approach to Project and Program Review

Performance Improvement Programming is a fusion of the most interculturally adaptable aspects of Western concepts of Organization Development and Management by Objectives. --- **Future Survey**

Performance Improvement Programming

While many international development agencies are increasingly focusing on participatory approaches to project design, practical, participatory methods for mid-term project review are often lacking or are altogether absent. Performance Improvement Programming (PIP) is an evaluation method used to involve stakeholders in a process of project review and action planning to improve project performance.[1] The main advantages of PIP are its:

ability to refocus project objectives and to motivate stakeholders into common action;
ability to draw on local experience and know-how;
transparency and ease of use with diverse groups;
flexibility and adaptability in various program settings; and
rapid, low-cost use.

The main PIP steps are:

1. Define objectives and performance criteria;
2. Define current status against objectives;
3. Identify performance gaps;
4. Identify positive and negative forces affecting gaps;
5. Develop strategies to remedy gaps; and
6. Develop action plans for each strategy.[2]

PIP and the Sri Lanka Relief Project

During November 1994, the Overseas Development Administration (ODA) used PIP to conduct a mid-term review of its Relief and Rehabilitation Project for Displaced Sri Lankans involving Oxfam, Save the Children and representatives from Sri Lankan NGOs.[3]

The objectives of the review mission were fourfold: 1) to transfer an objectives-oriented planning methodology to the partner agencies; 2) to generate useful information for the mid-term review; 3) to engage the partner agencies in a planning process to refocus and strengthen the subprojects; 4) to evaluate PIP for its potential to strengthen future project review activities and the management capacities of partner agencies. A five-day workshop was designed to respond to these objectives by an outside facilitator.

Workshop Process. The workshop involved 20 participants including Save and Oxfam program staff, local Sri Lankan NGO partner agency staff and 3 ODA representatives. The first 2 days involved training in a general results-oriented planning method and discussions of how each part of the method could be used by Oxfam/Save and the local NGOs to strengthen program activities.

The third day introduced PIP as an extension of the general planning method. Two project teams were formed to look at each of the two subprojects. Donor representatives on each team were at first a cause for some concern, but as ODA established its listening and supportive role, this rapidly changed. During the PIP process each team assessed the project planning matrices developed during the appraisal stage.[4] The two projects were first assessed for current relevance to the rapidly changing refugee situation and then examined in detail to assess progress against each of the planned project objectives.

As the teams applied PIP, they used a wall-sized format to visualize key design elements and to focus their discussions. Team members took turns facilitating and summarizing conclusions from each step. The process was highly introspective, rewarding and at times painful, forcing the teams to evaluate the project's relevance to intended beneficiaries and its actual performance on the ground.

Sample PIP format

Output	Planned Performance	Current Performance	Performance GAP	Comments Problems	Required Actions
Displaced families e Resettled	270 families resettled by 11/94	126 families resettled by 11/94	144 families	Local political authorities prevent resettlement	Introduce strategies to build support of local authorities
Health workers sorbed by MOH	100 workers by 11/94	nil		Not an output	reformulate as recommendation

By the fourth day the teams began to use the findings of the PIP assessment steps to refocus and reformulate the project designs. Outputs for each of the projects were reformulated, performance indicators for the next phase were established and the project Purpose was refocused and refined. Preliminary action plans were developed to support the revised objectives. Both teams agreed that in order for the plans to be completed, a more widespread consultative process would have to be established with local partner NGOs.

PIP Benefits. At the end of the week participants conducted a focus group evaluation of the PIP process. In the evaluation participants strongly recommended PIP for future project reviews while highlighting several of its main benefits:

The PIP process was an effective way to "bring disparate participants together" to reach a common understanding of project status and future direction. (Save)

"Training helped us to think more systematically about what we are doing-- we discovered things we had not seen before. (Oxfam)

"Leads to better project design and clarity in our proposals and deliverables." (Save)

"Very useful to help us finalize our strategic planning." (Save)

Useful process to increase donor understanding of NGO activities and NGO understanding of donor. (ODA, Oxfam, Save)

With adaptation can be used by local partners in the villages that we work in. (NGO project partner)

Oxfam and Save found the PIP process so helpful that after several months they had adapted and carried out the PIP process successfully *with their partner agencies* at the grassroots level. The learnings from the extended PIP process were incorporated into revised project planning frameworks and approved by ODA. Participants in the Sri Lankan exercise unanimously

recommended PIP for future project reviews.

Conclusions

PIP offers a practical, low-cost, participatory method for mid-term project review and action planning. The main benefits of PIP are its consensus-based approach to refocusing project objectives and ability to motivate key stakeholders into common action to improve projects. The methodology is flexible and adaptable and can be combined with other quantitative and qualitative evaluation methods for added depth and rigor. While participatory approaches often focus on the program planning stages, PIP is an important and much needed complimentary method *used to strengthen implementation.*

Endnotes

1. The PIP approach is within the family of objectives-oriented planning tools including ZOPP, the Logical Framework, TeamUP and the Results Framework. Although this note is focused on the application of PIP to project review, PIP is also useful for program review and strategic planning.

2. I.M. Smith (1986). Achieving Improved Performance in Public Organizations: A Guide for Managers, West Hartford, Kumarian Press.

3. L.Phillips and G. Templer (1994) Sri Lanka Annual Review of Relief and Rehabilitation Programs using PIP Approach London, ODA.

4. If a project planning matrix (LogFRAME) does not exist, the PIP method introduces several initial planning steps to develop a simplified project matrix.

Annex I: Process Evaluation Questionnaire

Social Impact: Evaluation of HIV/AIDS Collaborative Project Design Process

Please take a few minutes to complete this short survey. Your responses will be used for improving future USAID (and Social Impact) project design efforts. The survey results will be available through the USAID office in late July or early-August. Thank you for your kind assistance!

If you were not directly involved a particular activity please feel free to respond to the question(s) based on your indirect involvement. Part I will take several minutes and asks for a few brief written responses. Parts II, III and IV will go very quickly as they ask you to simply check a box and add any comments that you might have.

PART I: THE DESIGN PROCESS

1. What did you think about the first HIV/AIDS planning workshop on June 21st?
(HIV/AIDS Situation Overview; Gaps Analysis; Scoping of Potential Interventions/Objectives)

(a) What were the main strengths of the workshop?
(b) What were the main weaknesses?
(c) What should we do differently next time?

2. What did you think about today's second HIV/AIDS planning workshop?
(Review Project Design Structure; Refine Activities; Develop Indicators; Identify Risks)

(a) What were the main strengths of the workshop?
(b) What were the main weaknesses?
(c) What should we do differently next time?
(d) What do you think about the *overall* design process?

Part II: PROJECT DESIGN QUALITY

3. From what you've seen today what do you think about the overall quality of the HIV/AIDS project design?

(a) Main strengths of the design?
(b) Main weaknesses?

For the following questions please put a check ( ) in the box that applies.

4. To what extent to you believe the project design *responds to National AIDS Control Program priorities*?

1= not at all responsive
10= extremely responsive

1	2	3	4	5	6	7	8	9	10

comments?

5. To what extent do you believe the project design *fits with the priorities of the Health Reform Process*?

1= no fit with Health Reforms
10=perfect fit with Health Reforms

1	2	3	4	5	6	7	8	9	10

comments?

6. To what extent do you believe the project design *responds to the needs of people living with AIDS* in Zambia?

1=not at all responsive
10=extremely responsive

1	2	3	4	5	6	7	8	9	10

comments?

PART III: PROCESS AND DESIGN QUALITY

Questions 7-16 ask you to make a comparison between a "more traditional" project design process and the process used for the HIV/AIDS project design.

7. To what extent do you believe the collaborative design process enabled the design team to *collect more accurate information* about Zambian needs in HIV prevention, control and care?

1=process made no difference in helping team to collect more accurate info
10=process enabled team to collect much more accurate info

1	2	3	4	5	6	7	8	9	10

8. To what extent do you believe the design process led to a *higher quality* project design?

1=to no extent
10=to a great extent

1	2	3	4	5	6	7	8	9	10

comments?

9. To what extent do you believe the design process led to a *more responsive* project design?

1=to no extent
10=to a great extent

1	2	3	4	5	6	7	8	9	10

comments?

10. To what extent do you believe the design process enabled *better coordination* of the design with the activities of other donors?

1=to no extent
10=to a great extent

1	2	3	4	5	6	7	8	9	10

comments?

11. To what extent do you believe the design process enabled the *design to be better adapted* to local conditions *so that resources could be employed more efficiently*?

1=to no extent
10=to a great extent

1	2	3	4	5	6	7	8	9	10

comments?

12. To what extent do you believe the design process enabled the Central MOH (or other "elites") to *capture developmental resources*?

1=to no extent

10=to a great extent

1	2	3	4	5	6	7	8	9	10

comments?

13. To what extent do you believe the design process led to *compromising the technical quality* of the project design?

1=to no extent

10=to a great extent

1	2	3	4	5	6	7	8	9	10

15. To what extent do you think the design process led to *increased commitment* of workshop participants to the emerging HIV/AIDS project design?

1=to no extent

10=to a great extent

1	2	3	4	5	6	7	8	9	10

comments?

16. At this stage how do you score *your own commitment* to the HIV/AIDS project design?

1= not at all committed

10=extremely committed

1	2	3	4	5	6	7	8	9	10

comments?

PART IV: PERCEPTIONS OF USAID

17. To what extent did *you* believe the participatory process *increases the legitimacy of USAID* in health programming in Zambia

1=not at all/no change in USAID's legitimacy

10= to a great extent/ great positive change in legitimacy

1	2	3	4	5	6	7	8	9	10

comments?

18. To what extent do you believe this kind of process has the potential to build *more favorable perceptions of USAID generally?*

1=to no extent

10=to a great extent

1	2	3	4	5	6	7	8	9	10

comments?

19. Do you recommend this type of project design process for future USAID programing?

Yes No

20. When do you think this type of process should be used?

21. Any other comments?

Thank you very much for taking the time to respond to these questions.

Annex J: Key Informant Interview Questions and Interviewee List

BACKGROUND

In June 1996 USAID undertook to design a new phase of its HIV/AIDS program for Zambia. In a process that lasted about three weeks, a team of experts and facilitators worked with a wide range of people involved with HIV/AIDS issues. The purpose was to work together with people to design a program that: 1) was responsive to the needs of people living with or affected by HIV/AIDS; 2) responded to the Zambian national health priorities; and 3) drew on local resources. The final result was a five year $25 million program design.

To accomplish this, a number of events were held where participants had a chance to give their input into the project design: 1) Stakeholder interviews with roughly 30 people to get a sense of key design issues and build support for the design process; 2) Donor Focus Group with 10 bilateral and multilateral donors to inform and coordinate USAID design team activities; 3) Focus Group with the Positive And Living Squad (PALS) to better understand the needs of people living with HIV/AIDS; 4) Strategic Planning Workshop (June 21-22) to identify opportunities/gaps and identify/prioritize project objective and activities; 5) Synthesis Planning Workshop (June 28) to test the proposed project design and refine various aspects of it.

INTERVIEW QUESTIONS

These questions are designed to stimulate your thinking for a follow-up phone interview. Please reflect on the above-mentioned events in which you participated as you consider your responses.

1. What were your impressions of the overall process that was used to design the USAID HIV/AIDS program?

2. What did you think about each of the activities in which you participated? What were the main strengths and weaknesses and what would you recommend be done differently next time?
3. What do you think about the overall quality of the project design that emerged from our work together? What are the main strengths/weaknesses of the design?

4. To what extent do you believe the project design responds to the needs of people living with AIDS?

5. To what extent do you believe the project design fits with the priorities of the National AIDS Control Program and the Health Reform Process?

6. To what extent did your involvement in the design process increase your commitment to the new USAID HIV/AIDS program?

7. To what extent do you believe the design process will enable better donor coordination?

8. To what extent do you believe the design process led to a more responsive project design?

9. What were your impressions of the representation of the different people and groups involved in the planning workshops? Were any key stakeholders or interested groups missing?

10. What would you to differently next time to improve the design process?

Key Informant Interview List

Dr. Paul Delay, USAID/Washington (Design Team member)

Holly Fluty, USAID/Washington (Design Team member)

Messaye Girma, Consultant USAID/Washington (UFO expert)

Dr. Susan Hunter, Consultant (Design Team member)

Dr. Roland Msiska, UNAIDS (Design Team member)

Paul Hartenberger, USAID/Zambia, Director, Population Health Nutrition Office

Mark White, USAID/Zambia (Design Team member)

Dr. Peggy Chibuye, World Bank (Participant)

Sitwala Mungunda, Kara Counselling (Participant)

Dr. Moses Sichone, National AIDS Manager, MOH National AIDS/STP/TB&Leprosy Program (Participant)

Dr. Doreen Mulenga, UNICEF (Participant)

Winston Zulu, Positive and Living Squad (PALS), (Participant)
Kennedy Ngandwe, PALS (Participant)
Gladys Moyo, PALS (Participant)
Patricia Matabishi, PALS (Participant)

Annex K. Summary of USAID 1992 HIV/AIDS Project and 1995 Project

I. Background

A. Historical Response to the HIV/AIDS in Zambia

In 1986 the Zambian government recognized HIV/AIDS as a major threat to the nation's health and well-being and established the National AIDS Surveillance Committee and an Inter-sectoral AIDS Health Education Committee to coordinate all activities of AIDS prevention and control in Zambia. In early 1987, with assistance from WHO, an emergency Short Term Plan (STP) to ensure the supply of safe blood was implemented. About the same time, a five-year Medium Term Plan (MTP 1988-1992) was developed which identified priority strategies, interventions and activities to be implemented by the following units of the newly established National AIDS Prevention and Control Programme (NAPCP): program management, IEC, laboratory support, epidemiology and research, counseling, home-based care, STD and clinical care.

An external review conducted in 1992, revealed that the MTP had achieved major success in all seven functional areas, but that the impact on curbing the epidemic fell short because HIV/AIDS is a multi-sectoral problem that requires a multi-dimensional approach to achieve prevention and control.

B. USAID HIV/AIDS Prevention Project For Zambia (611-0221)

USAID/Zambia became interested in supporting the health and population sector and fully developed the HIV/AIDS Prevention Project in 1992. According to the project paper (PP)-- which provides the detailed project description, social, technical, economic and administrative analyses, and detailed budget--support for the Zambia AIDS program became a USAID priority because of the shortage of funding in Zambia for AIDS prevention, the extent of the disease, and the scarcity of Zambian professionals with experience in combating the disease.

The HIV/AIDS Prevention Project was authorized on September 28, 1992. On the same day, USAID/Z signed a Project Grant Agreement (ProAg) with the Government of the Republic of Zambia (GRZ) obligating the initial $5.5 million of the $19.7 million

grant. The ProAg was subsequently amended to provide additional funds on: October 9, 1992; March 17, 1993; June 23, 1994; and, March 31, 1995. The Project Assistance Completion Date (PACD) is September 30, 1997. The Project's $19,700,000 budget finances a Cooperative Agreement (COAG) with Population Services International (PSI) for $5,220,600 and a COAG with the Morehouse School of Medicine of Atlanta, Georgia (MSM/A) for $8,361,458. The project also finances the procurement of condoms through the USAID/Washington Contraceptive Procurement Project at an estimated value of $3,680,000.

In Fiscal Year 1995, the USAID/Washington (USAID/W) Africa Bureau provided $751,000 in additional funds to the USAID/W Global (G) Bureau centrally-funded AIDSCAP Contract to support the expansion of STD activities in Zambia. AIDSCAP signed an agreement with MSM/A in July 1995, which provides $556,639 to finance the expansion of STD clinical services. The remaining $194,361 is programmed to finance studies to be carried out directly by the MOH including one related to drug resistance of gonorrhea.

C. Project Purpose and Components

The purpose of the HIV/AIDS Prevention Project is to reduce the incidence of HIV transmission in target populations by providing technical assistance, training, and commodities to and through the Ministry of Health, various non-governmental organizations (NGOs) and other organizations. The project includes activities in five components:

Public Health Education
Voluntary Testing and Counseling
Condom Social Marketing
STD Control
Policy and Small Grants

These components are being implemented by the Ministry of Health and two cooperating agencies--MSM and PSI--in coordination with a variety of governmental organizations and NGOs.

D. USAID/Z Country Program Strategic Plan and Objective for HIV

The USAID/Z Country Program Strategic Plan (CPSP) for FY 1993--1997 was completed in June 1993. It provides and overview of the environment for sustainable, broad-based, and market-oriented economic growth in Zambia, an analysis of key constraints to growth, a description of the USAID strategy formulation, and the USAID

goal, sub-goal, strategic objectives (SO), and plans for SO implementation. The SOs include targets and indicators of achievement.
The USAID/Z CPSP SO No. 4-- Improved HIV/AIDS/STD control practices by high risk individuals --has four targets which lead to its achievement: improved knowledge of behaviors to reduce transmission; increased availability of condoms; STD control strategies identified; and, effective policies developed. Indicators of achievement range from the percentage of women/men who can cite at least two effective ways of protecting against HIV, to the number of condoms sold through social marketing, to the number of STD clinic attenders, and the number of HIV/AIDS policies established.

The HIV/AIDS Prevention Project, which was already underway when the CPSP was developed, was incorporated into the strategy under the SO for HIV. A new Family Planning Services (FPS) Project was also being developed by USAID/Z in 1993. The FPS Project was incorporated into the CPSP under a separate SO for family planning. The FPS project provides additional funds to the PSI COAG to socially market other contraceptives in addition to condoms. Both projects included PSI as an implementing agency, but there was no attempt to directly link the FPS Project activities and those of the HIV/AIDS Prevention Project when FPS was designed.

With the advent of the reengineered USAID beginning on October 1, 1995, the CPSP with its Strategic Objectives becomes the cornerstone of the USAID Country Program. Strategic Objective Agreements (SOAG) will eventually replace project agreements, and funding will be contingent on achievement of SO targets or results.

E. Zambia National AIDS Program Strategic Plan 1994-1998

At a Consensus Workshop held in Livingstone in 1993, the MOH initiated the shift to a multi-sectoral response. Participants from donor organizations, NGOs and other government ministries identified the key determinants for the spread of HIV/STD, considered the possible strategies to address the problem and developed the second MTP for 1994 to 1998-- A Time to Act, A Time to Care . The Plan identifies priorities for reducing HIV and STD transmission, reducing the socio-economic impact of HIV, and mobilizing local and external resources. It contains policy guidelines for reducing the impact of AIDS on the individual, on the family and on the community and provides indicators of impact and effectiveness and targets for HIV/AIDS/STD prevention and control. The Plan reaches beyond the health sector to other GRZ ministries and to NGOs and describes the *process* for selecting strategies and interventions, strategies for developing a national capacity to implement the Plan, and the strategy for monitoring and reporting on progress.

In line with the Health Reform policy of the MOH, the MTP II focus for implementation is on the district, as interventions are to be designed and coordinated through the District Health Boards--multi-sectoral boards charged with the responsibility to provide a multi-sectoral approach to health problems including AIDS. While the reconfigured Zambia National AIDS/STD/TB and Leprosy Programme (NASTLP) guides the implementation of the HIV/AIDS interventions, the National Health Council with the Central Health Board is charged with national level coordination of HIV/STD prevention.

In Section IV of this report includes discussion of how each of the HIV/AIDS Prevention Project components relates to the MTP II.

---

[1]Social Impact, 7215 Holly Avenue, Takoma Park, MD 20912, phone: (301) 563-6390, fax: (301) 563-6391, e-mail: info@socialimpact.com.

[1]World Bank, Participatory Development and the World Bank: Potential Directions for Change, Discussion Paper No. 183 (Washington, D.C.: World Bank).